

RECEIVED  
JUN 23 2023  
UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

## UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_

AMANDA Beddingfield

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SOG Surgical Center, LLC.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

1:23CV90-SA-RP

(to be filled in by the Clerk's Office)

Jury Trial: (check one)

☐

Yes

☐

No

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	AMANDA Beddingfield
Street Address	110 PLANT ST
City and County	Plantersville Lee
State and Zip Code	MS 38862
Telephone Number	662. 321. 3432
E-mail Address	abeddingfield@comcast.net

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Defendant No. 1

Name

SOG Surgical Center, LLC

Job or Title *(if known)*

Street Address

1211 S. GLOSTER

City and County

Tupelo Lee

State and Zip Code

MS 38801

Telephone Number

662.767.4200

E-mail Address *(if known)*

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	SOG Surgical Center LLC
Street Address	1211 S. Gloster
City and County	Tupelo Lee
State and Zip Code	MS 38801
Telephone Number	662. 767. 4200

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law (specify the federal law):



Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.  
☒ Termination of my employment.  
☐ Failure to promote me.  
☐ Failure to accommodate my disability.  
☐ Unequal terms and conditions of my employment.  
☐ Retaliation.  
☐ Other acts *(specify)*: \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

MARCH 7, 2022

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.  
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race \_\_\_\_\_  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☐ religion \_\_\_\_\_  
☐ national origin \_\_\_\_\_  
☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*  
☐ disability or perceived disability *(specify disability)* \_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

Please see attached.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

6-24-2022

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 3.31.2023.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Please see attached.



**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6-20-2023

Signature of Plaintiff

Printed Name of Plaintiff

Amanda Beddingfield  
AMANDA BEDDINGFIELD

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

While working with an African American nurse, Wanda Barr, for several years at North MS Pediatrics, I had heard her use a word toward her grandchildren as a term of endearment. She had said "there are my sweet nappy babies" on more than one occasion. That was my only reference to the use of that word ever.

That being said, on March 2, 2022, an employee from SOG Clinic had come to the surgery center where I worked to have me print out a report for her. She had recently had a baby and was showing our financial counselor a picture. Before ever seeing the child, I had asked to also see a picture of her "sweet nappy baby." I could immediately tell something was not right, and I asked if she was okay. She stated she was not and to never use that word again. I asked what word, and she told me. I went to her and told her to please educate me since I had no clue that term could be considered derogatory. I apologized several times, and she stated that we were okay. However she filed a complaint against me.

I did call Ms. Barr after being terminated to verify how I understood that she had used that term. She stated that I had heard correctly, and that she was not using it in a derogatory manner. She was using it as a term of endearment.

I was without a job for six weeks. I did receive a good job offer and was in fact told I was being fast-tracked to be hired. Then within a week I was sent a rejection letter. I feel once their Human Resources department inquired as to my recent job loss, they changed their minds due to a race issue. Once I did find a job, it was with a substantial pay cut. I also lost my retirement contribution with matching contribution.

## RELIEF STATEMENT

\$104,000 – The difference in my income at the time of termination and current income is \$10,400 less per year. I had planned on working for ten years before retirement.

\$120,000 – I am having to supplement my income with a retirement account my father left me in his will. Instead of pulling \$1,000 into my IRAs per month, it is going into my checking account. Again, this is multiplied by the ten years I was planning on working.

\$125,000 – Lost retirement that would have come from my contribution at SOG. Not calculated into this is their contribution as I cannot recall their percentage.

\$1500 – This is what I have paid out of pocket for recent necessary shoulder surgery. Had I still been at SOG, this would have been done for no out-of-pocket as is their policy for employees.

Also, factored in will be the mental toll this has taken on me as I have had to seek counseling and medication to deal with anxiety and depression.

\$350,500 Total